

3795.5

VICTORIAN NURSING COUNCIL

Nurses Act 1958

NURSES' FINAL EXAMINATION - GENERAL NURSE TRAINING

30TH NOVEMBER, 1977

EXAMINERS' GUIDE TO SURGICAL NURSING PAPER

The following is forwarded as a general indication to examiners of the essential information expected in answers to the various questions. The suggestions are not intended to be either complete or inflexible, but it is hoped they may be of some guidance to examiners and to that extent lead to uniformity of marking.

- Question 1.
- (a) Any two (2) reasonable conditions. -(2 marks)
 - (b) Acceptable points, e.g.,
allow patient to talk and mourn loss of leg,
visit from well-adjusted amputee, discuss
prosthesis, discuss with relatives problems
that may arise when the patient returns home. -(4 marks)
 - (c) (i) Management of airway, observations -
timing and significance, observation
and care of wound, suitable care of
stump, pain relief, breathing exercises,
psychological support. -(6 marks)
 - (ii) Removal of drains at about forty-eight
hours, sutures in 8 - 10 days,
observation for bleeding or infection.
Application of firm bandages to mould
stump into conical shape, gentle
handling of stump. -(4 marks)
 - (iii) Patient should lie flat or stand,
limited sitting, some time each day
spent in prone position, lying on side
avoided, stump may be controlled in
bed with towel and sandbags for first
few days, early exercises of stump. -(4 marks)
- (20 marks)
- Question 2.
- (a) In the gall bladder bed to detect leakage from
cystic artery and cystic duct and to draw
haemoserous ooze. -(2 marks)
 - (b) In the common bile duct to drain bile until
oedema of C.B.D. subsides. -(2 marks)
 - (c) (i) Observe. Dressing p.r.n. or reinforce.
Shorten and remove when drainage minimal.
Record removal. -(2 marks)
 - (ii) Any sudden decrease in drainage.
Amount and type of drainage.
Observe. No kinking etc. -(2 marks)
 - (iii) Clamping T tube/choleangiogram
(cholechochogram). -(2 marks)
- (10 marks)

- Question 3.
- (a) Difficulty in starting to micturate, urgency, poor stream.
Nocturia.
Frequency and scalding.
Incontinence. Haematuria. - (3 marks)
- (b) Blood urea. }
Intravenous pyelogram and/or retrograde pyelogram. }
Cystoscopy or panendoscopy. } Any 4.
Creatinine clearance test. }
Micro and culture of urine. }
Ward urine test. } - (2 marks)
- (c) (i) Use of any suitable substance, i.e., Chlorhexidine B.W.O. - maintaining aseptic technique when changing.
Use of sealed drainage, only disconnecting when necessary and using aseptic technique and sterile articles, e.g., drainage tubing.
Empty bag when full - antiseptic solution in the drainage bag, if applicable.
Penile toilet t.d.s. - use of antibiotic cream or dressing around penis.
Copious fluids as soon as possible.
Movement. - (4 marks)
- (ii) acceptable method of irrigating - continuous and intermittent.
Milking tubing.
Extra fluids.
Drainage tube never clipped off. - (3 marks)
- (iii) Diminished urinary output or nil and if any, heavily bloodstained or with clots.
Failure to obtain return from B.W.O.
Severe lower abdominal pain.
Distended bladder - tender & palpable.
Signs of haemorrhage and signs of shock. - (3 marks)
- (15 marks)
- Question 4.
- (a) (i) Provides a suitable medium for anaerobic organisms. Devitalized tissue, particularly muscle. Impaired blood supply. Presence of sequestrum. - (2 marks)
- (ii) Tetanus immunoglobulin, e.g., 250 units.
Tetanus toxoid vaccine, e.g., 0.5 ml. - (2 marks)
- (iii) Tetanus immunoglobulin - artificial passive immunity.
Tetanus toxoid vaccine - first injection of a course of tetanus toxoid to establish artificial active immunity on completion of course. - (2 marks)
- (b) (i) Suitable definitions. - (2 marks)
- (ii) Suitable definitions. - (2 marks)
- (8 marks)

- Question 5.
- (a) To reduce contents of the large bowel.
Faecal - clean area on which to operate.
Bacterial - less risk of infection. -(2 marks)
 - (b) Low - non residue diet 3-5 days pre-operatively.
Series of enemas and bowel washouts.
Insoluble oral antibiotics, e.g., Neomycin. -(3 marks)
 - (c) Digital examination. Proctoscopy. Sigmoidoscopy.
and biopsy.
Barium enema. -(2 marks)
 - (d) e.g. (i) After abdomino-perineal resection
for C.A. rectum (sigmoid colon).
(ii) Bowel obstruction.
(iii) After total colectomy for ulcerative colitis. -(3 marks)

-(10 marks)

- Question 6.
- (a) Pain. Loss of fluid. -(2 marks)
 - (b) Intravenous therapy } with description. -(2 marks)
Analgesia }
 - (c) Should include description of the following:-
Cleansing initially, e.g., operating theatre.
Application of suitable substance, e.g.,
silver sulphadiazine.
Observations of burnt area + fluid loss + oedema.
Position.
Details of prevention of infection. -(6 marks)

-(10 marks)

- Question 7.
- (a) Otosclerosis - a disease which causes conductive
deafness due to formation of new bone which
surrounds the foot-plate of the stapes. -(2 marks)
 - (b) Conductive deafness -(1 mark)
 - (c) Stapedectomy. -(1 mark)
 - (d) (i) Facial paralysis.
(ii) Loss of taste on affected side.
(iii) Total loss of hearing due to damage or
infection. -(1 mark)

-(5 marks)

- Question 8.
- (a) Avoid flexion of the spine: patient remains lying;
move only if in danger: remove articles causing
pressure: observe for - pain, sensation, movement. -(4 marks)
 - (b) Suitable explanation. -(2 marks)
 - (c) Suitable preventive measures. -(6 marks)

-(12 marks)

- Question 9.
- (a) Damage to laryngeal nerves. -(1 mark)
 - (b) Haemorrhage -(1 mark)
 - (c) Damage to or removal of parathyroid glands -
hypocalcaemia. -(1 mark)
 - (d) Thyroid crisis - excessive thyroid hormone
released. -(1 mark)

-(4 marks)

- Question 10. Self-explanatory.

-(6 marks)